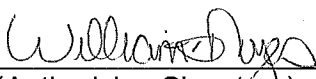


**ADDENDUM 001
REQUEST FOR QUOTATION
CONTRACT MOWING (SALINE COUNTY)
RFQ NUMBER: D207-078-R2**

Bidders shall acknowledge receipt of Addendum 001 (ONE) by signing and including it with the original bid. The due date for receipt of bids remains unchanged by this Addendum. Accordingly, the following clarifications, questions and answers are believed to be of general interest to all potential Bidders. All other terms and conditions remain unchanged and in full force.

Name and Title of Signer (Print or type)	Name and Title of Department Authority William D. "Bill" Noyes, CPPO, CPPB Procurement Agent
Bidder Signature (Signature of person authorized to sign)	Department of Transportation  (Authorizing Signature)
Date Signed:	Date Signed: June 4, 2007

NOTE: This signed addendum MUST be included with your response to the Request For Quotation.

This addendum is published to document information, not included in the original Request For Quotation documents, which was shared with attendees at a public meeting held on May 31, 2007.

1. If prior arrangements are made with the building supervisor, the contractor may be allowed to park their equipment overnight at the MoDOT maintenance facility at Marshall.
2. The contractor must use and ensure proper placement of "Mowers Ahead" signs provided by MoDOT, but is not be required to use any blocking trucks (attenuators) during this work.
3. If the contractor wishes to harvest the hay on the right of way in the project area, they will have the first option to do so, before this opportunity is offered to the general public. It will be necessary to complete the attached permit application and comply with the requirements detailed therein. The contractor should contact Mr. Jarod Murr, Senior Traffic Specialist, at 660-385-8268, to coordinate the completion and approval of this permit.

MISSOURI HIGHWAYS AND TRANSPORTATION COMMISSION

PERMIT FOR WORK ON RIGHT OF WAY

District 2 Permit No. _____
P.O. Box 8 Route _____ County _____
Macon, MO 63552 (Type of work) Town _____
Inspector Jarod Murr Log Point _____
Phone 660-385-8268 GPS Begins N _____ W _____
RMS _____ Issued _____ GPS Ends N _____ W _____
Sight Distance: _____ mph Expires _____
N S E W _____ N S E W _____ Extended _____

Location of work on State Highway right of way along the _____ side. _____ (Feet or miles)

N S E W from _____
(direction) (State highway, County road, City street or County line)

Description of work: **Harvest Hay on State Right of Way.**

Applicant agrees to the following:

- 1) Harvesting may begin on the backside of the ditch line ditch or toe of the slope except for restricted areas.
- 2) No mowing or harvesting will be allowed on slopes steeper than 4:1 or within 30 feet from edge of pavement.
- 3) All bales, broken or unbaled windrows of hay will be removed from the right of way within 10 calendar days after harvesting.
- 4) No trucks or equipment to be parked within 30 feet from edge of roadway.
- 5) Applicant agrees to enter and leave the roadway at an authorized entrance, from an outer road, crossroad, or from an adjacent property.
- 6) All work to be done during daylight hours.
- 7) Hay harvesting will be allowed from June 1 to the end of the season.
- 8) The permittee is liable for any accidents or claims.

It is the department's intent that permits will be issued to those individuals engaged in farming. The hay will be used solely in their farming operation. It is not intended that the hay be removed for resale. The department reserves the right to limit the amount of hay any one individual may harvest on state right of way.

By signing this form the applicant agrees to all provisions of this permit.

_____/_____/_____
(Signature) (Date)

_____/_____/_____
(Signature) (Date)

(Print Name)

(Print Name)

(Applicant's Contractor)

(Applicant)

(Address)

(Address)

(City State Zip-code)

(City State Zip-code)

(Telephone Number) () _____

(Telephone Number) () _____

Surety deposit required. none _____, bond # _____, check # _____ \$ _____.

Transmittal Number _____ Make check payable to: **Director of Revenue Credit Road Fund.**

For Office use only

Date: _____ By: _____